

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1948
251

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33625

Registrar's No. 257

Registration District No. 251

Primary Registration District No. 3048

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Manville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Francis Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 3 days
In this community 3 days
years, months or days (Specify whether)

3. (a) PRINT FULL NAME George Golding

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Unknown (Deceased) 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased 9 (Month) 21 (Day) 1871 (Year)

8. AGE: Years 77 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business "

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs B M Thompson

(b) Address Grant City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 25 48 (Month) (Day) (Year)

(c) Place: burial or cremation Grant City

18. (a) Signature of funeral director John Anderson

(b) Address Grant City Mo

19. (a) 10-30-48 (Date received local registrar) (b) Wesley Ball (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North
(c) City or town Grant City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1948 hour 1145 minute 7 M.

21. I hereby certify that I attended the deceased from Oct 22
1948, to Oct 25, 1948

that I last saw him alive on Oct 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
hypertension
Due to arteriosclerosis
hypertension
Due to arteriosclerosis
hypertension
Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury None

23. Signature B F Byland (M. D. or other) MD
Address Manville Mo Date signed Oct 25 48

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John Andrews....., Registered Apprentice No.....
working under my personal supervision.

Signed

John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.